



Practitioner's Dock

6241 45 PCT-US
#4
AUG 2005
10/523

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: ☐ original.

(check one)

☐ design.

☐ supplemental.

☒ national stage of PCT.

☐ divisional.

☐ continuation.

☐ continuation-in-part (C-I-P)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

METHOD FOR PRODUCING A CONTACT PART

SPECIFICATION IDENTIFICATION

the specification of which:

(a) ☐ is attached hereto.

(b) ☒ was filed on 1-27-05, as Serial No. 10/523,203 and was amended on _____ (*if applicable*).

(c) ☒ was described and claimed in PCT International Application No. PCT/DE2003/002412, filed on 17 July 2003, and as amended under PCT Article 19 on _____ (*if applicable*).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

BEST AVAILABLE COPY

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. Such applications have been filed as follows:

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
Germany	102 35 053.1	31 July 2002	YES
			YES/NO
			YES/NO
			YES/NO
			YES/NO

POWER OF ATTORNEY

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

34704

34704

PATENT-TRADEMARK OFFICE

SEND CORRESPONDENCE TO:

The above Customer Number.

DIRECT TELEPHONE CALLS TO:

- Gregory P. LaPointe
(203) 777-6628 - ext. 111

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor:

(signature)

HW Name: Horst Deleth

Date: _____

Country of Citizenship: Germany *DA*

Residence Address:

Mittelbühlstr. 7
86420 Diedorf, Germany

Post Office Address: (SAME AS ABOVE)

Full name of second joint inventor, if any:

20 Matthias Schweizer
(signature)

Name: Matthias Schweizer

Date: 20. Juni 2005

Country of Citizenship: Germany

Residence Address:

DA
Rochusweg 16
86568 Hollenbach, Germany

Post Office Address: (SAME AS ABOVE)

3W Full name of third joint inventor, if any:

Peter Vache
(signature)

Name: Peter Vache

Date: 22. 06. 2005

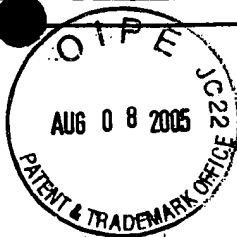
Country of Citizenship: Germany *DA*

Residence Address:

Adelsgasse 9
91336 Heroldsbach, Germany

Post Office Address: (SAME AS ABOVE)

SN 10/523,203



Practitioner's Docket No. _____

05-344

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR
INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)**

I, Susanne DERLETH

(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

hereby declare that I am a citizen of Germanyresiding at Mittelbuehlstr. 7, 86420 Diedorf, Germany

and that I am executing and signing the declaration to which this is attached as

(check one):

☐ the administrator(trix) of☐ executor(trix) of the last will and testament of☒ legal representative (or heirs) ofHorst DERLETHFull name of (first, second etc.) deceased or incapacitated inventorGermanyCountry of citizenship of deceased or incapacitated inventorMittelbuehlstr. 7, 86420 Diedorf, GermanyResidence of deceased or incapacitated inventorMittelbuehlstr. 7, 86420 Diedorf, GermanyPost Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: June 24, 2005Susanne DerlethSignature of administrator(trix), executor(trix)
legal representative (or all heirs)

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])

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